
MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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1 -- MEDI-CAL

Title XIX of the Social Security Act (Medicaid) provides federal financial assistance to each state for providing a program of comprehensive medical services to children and adults in low-income families. To obtain federal financial participation (FFP), California must submit a state plan for medical assistance, a document describing the program in detail, to the Department of Health and Human Services (DHHS) (technically the Secretary of DHHS) for approval.

Under Medicaid, each state must include all recipients of public assistance. FFP is also available for medically needy (MN) people, i.e., those persons who are linked to public assistance and also for all pregnant women and all children under 21.

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ii -- DEPARTMENT OF HEALTH SERVICES RESPONSIBILITY

The Medi-Cal Policy Division of the Department of Health Services has primary responsibility for the administration of the Medi-Cal program, for which approximately three million Californians are eligible.

Medi-Cal Eligibility Branch

The Medi-Cal Eligibility Branch is responsible for the coordination, clarification, and implementation of Medi-Cal regulations, policy, and procedures to assure that Medi-Cal eligibility is determined accurately and on a timely basis by the 58 county welfare departments. Branch functions include (1) review and evaluation of program eligibility requirements and assurance of compliance with federal Medicaid (Title XIX) regulations; (2) proposal of new legislation, new regulations, and identification of policy issues for executive staff consideration; (3) preparation and implementation of corrective action plans to meet the objectives of the federally mandated Medicaid Eligibility Quality Control (MEQC) program; (4) review of proposed state hearing decisions concerning eligibility matters and recommendation of action to the Director; and (5) development, implementation, and monitoring of the Health Care Options program which assures that Medi-Cal eligibles have an opportunity to choose an organized health system form of health delivery when eligibility is determined.

The Medi-Cal Eligibility Branch may be contacted through your designated county Medi-Cal liaison staff.

Medi-Cal Benefits Branch

The Medi-Cal Benefits Branch is responsible for policy development and recommendations relating to the scope, quality, and duration of benefits, provision of services, and payment for health care services; recommending and developing state statute, regulations, and policy for administration of these functions; maintaining liaison between the Department, providers, and professional organizations; and overseeing quality control review of the Medi-Cal policy aspects of claims processing and resolving at the third level beneficiary and provider appeals related to the denial or reduction of Medi-Cal services.

Field Services Branch

The Field Services Branch authorizes the provision of those health services which require prior approval, administers utilization control procedures, and determines the appropriateness of placement of patients in skilled nursing and intermediate care facilities. These functions are performed by field offices located throughout the State by licensed professional consultants representing various medical disciplines. In addition, medical review teams determine the necessity for and quality of care given to consumers by institutional providers.

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Fiscal Intermediary Management Division

The Fiscal Intermediary Management Division implements Medi-Cal program policy affecting claims processing and directs the processing of fee-for-service claims through private insurance carriers acting as intermediaries; coordinates program policy changes; issues directives to providers creating new policy or modifying existing policy; and ensures departmental policies, regulations, and procedures are implemented by the intermediaries in a prompt and efficient manner.

The Division also administers the California Dental Service Contract (Denti-Cal) and pilot projects dealing with variations of the fee-for-service program. These projects are monitored and evaluated for statewide implementation potential.

Medi-Cal Program Inquiry Unit

The Medi-Cal Program Inquiry Unit is responsible for responding to questions, problems, and complaints about Medi-Cal; providing information on the program; and assisting legislators, consumers, consumer and professional organizations, and providers with inquiries.

The Medi-Cal Program Inquiry Unit may be reached at (916) 445-0266.

Medi-Cal Intermediary Operations (MIO)

The Department currently contracts with the Computer Sciences Corporation to serve as the program's fiscal intermediary for claims processing and payment activities.

The MIO system features a consolidated data base which provides for the processing of Medi-Cal claims for both institutional and professional providers utilizing prepayment utilization control, utilization review and program information reporting, screening based on a review of beneficiary treatment profiles, postpayment utilization review, and appropriate provider relations activities.

Out-of-State Bills

Information regarding provider enrollment, authorization for services, and processing of bills for emergency services provided to Medi-Cal beneficiaries while they are out of the State can be obtained at the following:

Department of Health Services
Medi-Cal Field Office
P. O. Box 3704
San Francisco, CA 94119

(415) 557-2770

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iii -- COUNTY CODES

County Codes:

The following is a listing of designated county codes.

COUNTY	COUNTY CODE NO.	COUNTY	COUNTY CODE NO.	COUNTY	COUNTY CODE NO.
Alameda	01	Marin	21	San Mateo	41
Alpine	02	Mariposa	22	Santa Barbara	42
Amador	03	Mendocino	23	Santa Clara	43
Butte	04	Merced	24	Santa Cruz	44
Calaveras	05	Modoc	25	Shasta	45
Colusa	06	Mono	26	Sierra	46
Contra Costa	07	Monterey	27	Siskiyou	47
Del Norte	08	Napa	28	Solano	48
El Dorado	09	Nevada	29	Sonoma	49
Fresno	10	Orange	30	Stanislaus	50
Glenn	11	Placer	31	Sutter	51
Humboldt	12	Plumas	32	Tehama	52
Imperial	13	Riverside	33	Trinity	53
Inyo	14	Sacramento	34	Tulare	54
Kern	15	San Benito	35	Tuolumne	55
Kings	16	San Bernardino	36	Ventura	56
Lake	17	San Diego	37	Yolo	57
Lassen	18	San Francisco	38	Yuba	58
Los Angeles	19	San Joaquin	39		
Madera	20	San Luis Obispo	40		

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iv — MEANING OF TITLES UNDER THE SOCIAL SECURITY ACT

Background

The Social Security Act is a federal law which established programs to provide a variety of benefits to certain segments of the population. Each program is identified as a separate title under the Act. This section provides a brief description of those titles, or programs, commonly referred to in Medi-Cal program regulations or procedures.

- Title II — Social Security Benefits (RSDI). This program is administered by the Social Security Administration (SSA) and provides monthly payments to aged, blind, or disabled persons who have a previous earnings history. Payments are also paid to certain dependents and survivors. Specific criteria must be met for a person to be considered disabled or blind. The amount of monthly benefit is based upon the amount of income previously earned by the individual. Social Security checks are normally received on the third of each month and are green in color. RSDI recipients are not automatically entitled to receive Medi-Cal.
- Title IVA — Aid to Families with Dependent Children (AFDC) Cash Grant Program. This program is administered by state agencies. The single state agency who administers AFDC in California is the State Department of Social Services (DSS). This program provides cash assistance to families with children deprived of parental support and care. The family's income and resources must be below certain levels. The family must also meet other eligibility conditions. The AFDC program regulations are found in DSS Eligibility and Assistance Standards (EAS) Manual. Families receiving assistance through this program are automatically entitled to Medi-Cal.
- Title XVI — Supplemental Security Income (SSI) Cash Grant Program. This program is administered by SSA. This program provides cash assistance to aged, blind, and disabled persons whose income and resources are below certain levels. To be considered blind or disabled, a person must meet the same criteria as used in the Title II program. Other eligibility conditions must also be met. The regulations and rules governing this program are found in Title 20, Code of Federal Regulations (CFR), and the SSA Procedure Operations Manual System (POMS).

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In addition to the SSI cash assistance, states have the option of providing supplemental cash assistance to the aged, blind, and disabled. The states may administer the optional supplements or may contract with SSA to administer the payments.

California has a state supplemental program (State Supplementary Payment (SSP)) which is administered by SSA. DSS is the single state agency responsible for the SSP program.

The SSI/SSP checks are normally received on the first of each month and are gold in color.

Persons receiving SSI/SSP assistance are automatically entitled to Medi-Cal.

Title XVIII -- Medicare. This program is administered by SSA and provides health insurance to almost all aged individuals and certain disabled individuals. Hospitalization insurance is provided at no cost. For a small monthly premium, individuals may enroll in outpatient insurance.

There are no past earnings or current income and resource conditions which must be met under this program. Medicare recipients are not automatically entitled to receive Medi-Cal.

Title XIX -- Medicaid Program. This program is administered by state agencies. The single state agency in California is the State Department of Health Services and the program is called Medi-Cal. This program pays for medical care received by persons and families whose resources are within certain limits. Persons and families with income above prescribed levels must pay or obligate the excess income toward the cost of medical care. The Medi-Cal program pays for the remainder of the program covered medical care received.

The Medi-Cal regulations are found in Title 22, Division 3, of the California Administrative Code.

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2C	--	MEDI-CAL ELIGIBILITY QUALITY CONTROL (MEQC) PROGRAM REVIEW SECTION (PRS) OFFICES
2D	--	REQUIRED STATISTICAL REPORT - MC 237
2E	--	ETHNIC ORIGIN/PRIMARY LANGUAGE DATA COLLECTION
2F	--	THIS BECAME A PART OF ARTICLE 24
2G	--	CASE RECORD RETENTION
2H	--	CONFIDENTIALITY OF MEDI-CAL RECORDS

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3A - GLOSSARY

3B - INTRODUCTION

3C - COUNTY OF RESPONSIBILITY

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4H	-	PROCESSING OF QUARTERLY STATUS REPORTS
4I	-	DILIGENT SEARCH PROCEDURES
4J	-	PROMPTNESS REQUIREMENT
4L	-	RSDI/UI/DI REPORTS
4M	-	VERIFICATIONS
4N	-	TIMELY REPORTING BY PUBLIC GUARDIAN/CONSERVATORS OR BENEFICIARY REPRESENTATIVES
4O	-	ONE MONTH EXTENDED ELIGIBILITY (EDWARDS V. MEYERS)
4P	-	CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
4Q	-	PROCEDURES FOR LONG-TERM CARE ADMISSIONS AND DISCHARGES FOR SSI/SSP AND MEDI-CAL RECIPIENTS
4S	-	INSTRUCTIONS FOR THE MC 210 AND SUPPLEMENTS TO THE MC 210
4T	-	OBSOLETE - INCORPORATED INTO SECTION 4M
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- Article 5 -- MEDI-CAL PROGRAMS
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- 5C -- DEPRIVATION -- LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
- 5D -- MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
- 5E -- RAMOS V. MYERS PROCEDURES
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6E	—	INSTITUTIONS FOR MENTAL DISEASES (IMDs)
6F	—	MENTAL HEALTH MANAGED CARE
6G	—	FLEEING FELONS
6H	—	CHART
6I	—	NOTICES OF ACTION
6J	—	QUESTIONS AND ANSWERS

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- 7B – **CA 6 (1/82) PROCEDURES AND IMMIGRATION AND NATURALIZATION SERVICE (INS)**
- 7C – **INTERSTATE COMPACT ON PLACEMENT OF CHILDREN**
- 7D – **UNITED STATES CITIZENS, CITIZENS OF STATES FREELY ASSOCIATED WITH THE UNITED STATES, AND AMERICAN INDIANS BORN IN CANADA**
- 7E – **PROCEDURES FOR CHANGE IN MEDICAID COVERAGE FOR TITLE IV-E (FEDERALLY ELIGIBLE) ADOPTION ASSISTANCE PROGRAM (AAP) AND AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE (AFDC-FC) PROGRAM CHILDREN WHO RESIDE OUT OF THE PLACING STATE**
- 7F – **[RESERVED]**
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EFFECTIVE OCTOBER 24, 1995.
- 19C - LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF
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